2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State
04-24-2002 90331 022 ***150.00

DOCUMENT # K43708

1. Entity Name
CORVENTRO OF FLORIDA, INC.

Principal Place of Business	Mailing Address
~~12707 SW 265TH ST.~~ ~~MIAMI FL 33032~~ ~~US~~	~~12707 SW 265TH ST.~~ ~~MIAMI FL 33032~~ ~~US~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 10250 SW 54th St	3. Mailing Address:
Suite, Apt. #, etc.: A-201	Suite, Apt. #, etc.: Same
City & State: Miami, FL	City & State:
Zip: 33165 Country: Dade	Zip: Country:

4. FEI Number 26-4899840 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
AMKGS REGISTERED AGENTS INC. 1980 SUNTRUST INTERNATIONAL CENTER 1 S.E. 3RD AVE. MIAMI FL 33131	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE ____________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After May 1, 2002 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MESTRE, RAMON ~~1545 TRILLO AVE~~ ~~CORAL GABLES FL~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MESTRE, RAMON 784 SW 24 St Miami, FL 33155 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MESTRE, CARMINA ~~1545 TRILLO AVE~~ ~~CKORAL GABLES FL~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MESTRE, CARMINA 784 SW 24 St Miami, FL 33155 ☐ Change ☐ Addition
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] REQUIRED 2/12/02 (305) 670-3791
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)